# CLAIMS ONLY

71ε
4-4-05

| Application Number | Filing Date |
|---|---|
| 09-972246 | |
| Applicant(s) | |

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | Indep | Depend | Indep | Depend | Indep | Depend |
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| | Indep | Depend | Indep | Depend | Indep | Depend | | | | | | | | |
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| Total Indep | | | | | 4 | | Total Indep | | | | | | | |
| Total Depend | | | | | 31 | | Total Depend | | | | | | | |
| Total Claims | | | | | 35 | | Total Claims | | | | | | | |